MARGIN RESERVED FOR BINDING

V. S. No. 1

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	157
County ruce Letyes	Registration Dist. No. 240
Village or City Wellensam	No. St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Edward WRight as	If U. S. Veteran, Specify WAR
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	19to
6. DATE OF BIRTH (month, dey, and year) Nun 25- 1937	I last saw h alive on
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, atm.
2 / 2 1 dey,hrs. ormin,	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
2 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Hant dead in Carrage.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Course of death sucertine
S. Hade, professing, or particular, or particular wind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this pecuation (month end spent in this spen	perhaps weak heart mean-
this occupation (month end spent in this year)	ing & Congental bloat dia cases Que fell
Washington,	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	
# 13. NAME Outlans Stenet aust	
13. NAME (Ist or town) Journs heart	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Corolys R. Thamburg	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME (or olym R. Marnhurg 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Clockent of auch	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL WESTWOOD M.E. CHURCH	Manner of Injury
Place CAELTENHAM Date 7/2-8 ,1937	* Nature of injury
19. UNDERTAKER RITCHIE BROS (ALBERT G. AIST)	24. Was disease or injury in eny wey related to occupation of deceased?
(Address) UPPERMARKBORD, MD.	If so, specify
20. FILED JULY 28, 1937. Mus. J. H. Sagitte.	(Signed) Williams It Tolopus M.D.
Local Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. s.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

78	Example II	
hate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
de la compa	Other contributory causes of importance:	1 -5 %
May 1,1923	Gastroenteritis	1 year
	\\915 \\221 Julya,1927	Attack of epilepsy 1921 Run over by street car Julya, 1927 Peritonitis Other contributory causes of importance:

. Date

CAUSE mation V. S. No.

MOIL

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Manner of Injury

(Signed)

193

(Year)

Date of onset

(Day)

related to occupation of deceased?

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1003			
AUG 3 180°		₩ je	
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING MARGIN RESERVED

-WRITE PLANLY.

V. S. No. 1

+	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
UP	1. PLACE OF DEATH	93-2	
OCCUP	County Prince Georges	Registration Dist. No. 246	
1	Village or City M+ Rainien	No. 3545 - 33 Ad. St., Wa	ırd
t of	7	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?	ds.
statement	2. FULL NAME George F. Beimschla		
ate	(a) Residence: No. 3545 - 33 rd.	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and State	
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	_
	Male White Single, Married, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH VU Y (Month) (Dey) (Yeer)	
classified	Se. If married, widowed, or divorced HUSBAND of Joakel Guigell	22. I HEREBY CERTIFY, Thet I ettended deceesed fr	-
ت ت ت	6. DATE OF BIRTH (month, day, end yeer) May 21, 1883	I last sew h.J. alive on June 22 1937; deeth is s	
properly certificate.	7. AGE Yeers Months Days If LESS then	to heve occurred on the date steted above, et 9. P. m.	
rtifi	5-4 2 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	_
	8. Trede, profession, or perticular sind of work done, es SPINNER, Pre 33 H19 H SAWYER, BDOKKEEPER, etc.	Chronic Myocarditis Date of on	3
y be	SAWYER, BDOKKEEPER, etc. Industry or business in which work wes done, es SILK MILL, Printing SAW MILL, BANK, etc. 10. Date deceased last worked et 192 11. Total time (years)	Houte Allatation One We	PA
may	M. Industry or business in which work wes done, es SILK MILL, Printing SAW MILL, BANK, etc.	950	
	10. Date deceased last worked et this occupation (month and Apr., 17) spent in this 30 occupation (month and Apr., 17)		
erms, so that it instructions on	12. BIRTHPLACE (city or town) Baltimone Md.	Diher Contributory Canees of Importence:	3
terms, instru	(State or country) (State or country) (State or country) (Bline of the country)		
ter in	I	Neme of operation Dete of	
plain t	14. BIRTHPLACE (city or town) Baltum or s. (Stete or country) Maryland	Whet test confirmed diagnosis? No least there en autopsy? h	0
n pl	15. MAIDEN NAME anna Sophia Rixse.	23. If deeth wes due to externel ceuses (VIDLENCE) fill in also the following:	
H in	16. BIRTHPLACE (city or town) Battoraoux (State or country)	Accident, suicide, or homicide? '\hat{O} Date of Injury	
DEATH y import	(State or country) Many (s.)	Where did Injury occur? 21 (Specify city or town, county and State)	
	(Address) 604- Wing Way, Balto, Ind.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
	18. BURIAL, CREMATION, OF REMOVAL	Menner of injury rowe	
SE	Lower Hark Balto MA Dete July d. 6., 193/	Nature of injury would	
CAUSE TION is	19. UNDERTAKER Almus R. Splane,	24. Was disease or injury in eny wey related to occupetion of deceased? 71 0	
1	(Address) Mr. Ramier Md.	If so, specify	
)	20. FILED 12 2 1, 19 57 1 1 1 1 1 Registrar.	(Signed) Martia C. Hogeogl M (Address) Mt. Ramit, md.	. D.
	, Aegistrat,	" (neuross) . / : J.:	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
googey June george A	Registration Dist. No. 239
White City Murking ma do	St., Ward
Length of residanca In city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME LEWING C. / frond	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (w) te tha word)	7 / 3 1937
50 If married widowad Adivased	(Month) (Day) (Year)
5a. If married, widowad, fr divorcad WSSAND 1 (or) WIFE of A. Br and	22. I HEREBY CERTIFY, That I attended deceased from
1/10/19/19	4-10 ,1937, to 7-13 ,1937
6. DATE OF BIRTH (month, day, and year) SUFV- 10-1016	I last saw h.2. aliva on 7 - 13 , 198 7; death Is said
7. AGE Years Months Days If LESS than	to hava occurred on the date stated above, at .C. /
8 0 8 3 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trada, profession, or particular	Suilet _ Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc	arlenoschroning
9. Industry or business in which work was dona, as SILK MILL.	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and	Lobor proumonia Duration three days, aways.
a spellt il till?	Hyportalic Communica 7-11-37
year) occupation	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) Qualow 4	aus Carebao Delita 7-18.3.
(State or country)	
13. NAME Charles Dutt 14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country) a war a way was	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Wiga Mrton 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
(State or country) douglow, lug	Where did Injury occur?
17. INFORMANT Charls & Braced	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) In as Com, are week 1	a
BURIAL, CREMATION OR REMOVAL	/ Manner of injury
Cemples / Pash A Date bully 3,193)	Nature of injury
19. UNDERTAKER WWo Chamber & Co	24. Was disease or injury In any way related to occupation of deceased?
(Address) 1400 Chapue M. No D.C.	If so, specify
20. FILED July 13 137 M. Beaskeaver	(Signed) 13 Phares M.D.
20. FILEUTE Registrar.	(Addrass) facul luch
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related cau of importance were as follows:	ses Date of enset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis . AUG A	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1937 1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREALL	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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田	H		_	-
RV	Ī	nlo	nay	100
MARGIN RESERVE	K.	mation should be carefully supplied. AGE should l	CAUSE OF DEATH in plain terms, so that it may l	TION is very important. See instructions on back of
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以	SZ	AG	th	Onc
Z	DI		08	i to
5	FA	ied	ns,	1
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. 1	1	m	C	F
ž	B.			
V. S. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-TH	-	1	
	1	5		20.

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
Poisson	23)
We Die h	Registration Dist, No. 243
Village of City Alenn Dale, The	No. J - C · Children's Sanato niuss., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidance in city or town whare death occurredyrs	nos
2. FULL NAME Chin, Mary	In I.
(a) Residence: No. //3 /9 S+ ON. W	St., Ward. Ward. D.C.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 30 102 7
5d. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(4)	January 16, 1935, 10 July 30, 1937
6. DATE OF BIRTH (month, day, and year) Feb 19, 1931	I fast saw her alive on July 30 , 19.37; death is sale
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
6 5 // 1day,h	Mara as follows: CAUSE OF DEATH and related causes of importance
8. Trada, profassion, or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Mulhonary Tuberculosis 1934
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BAIK, etc.	
10. Date daceased last worked at 11. Total time (years)	Inbernations of the Meninges 1937
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Washington O. C	Other Contributory Causes of Importanca:
(State or country)	- Tuberculosis of the Spine 1934
13. NAME Henry Chin	" of her Him 1927
14. BIRTHPLACE (city or town) California, 4.5.	Name of operation Date of
(State or country)	What test confirmed diagnosis of Ruy & Laborator Was there an autopsy? NO
15. MAIDEN NAME Ching Shee	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) China (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Father Henry Chin	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL Cremation	Mannar of Injury
Placa Holmed My Data 19.3	Nature of Injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of daceased?
(Addrass)	If so, spacify
	(Signad) aniel 600 + inucano Mo
20. FILED July 3 19 3 7	(orginal)

CTATE OF MADVIAND CEDTIFICATE OF DEATH

7021

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	1	Example II	
The principal cause of of importance were as	death and related causes follows:	1.	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FIVED	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephr	ilist E	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP & NET	July 5, 1927	Peritonitis	3 days ago
	BUREAU			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

Village or City Cottage City, Md. (If				Registration Dist. No. 2 1
				No. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long In U.S. if of foreign birth? yrs. mos.
2. FULL NAME (a) Residence: No	3.0	yn I Coo Hamilton (Usual place		St., Ward. If nonresident give city or town and State
PERSONAL A	ND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
Female	LOR OR RACE White	5. SINGLE, MAR OR DIVORCE Marri	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or of HUSBAND of (or) WIFE of	5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Percy 1 Cook			22. I HEREBY CERTIFY, That I ettended deceased f
6. DATE OF BIRTH (month,	day, and year)	Aug-9-19	05	last saw h las
7. AGE Years	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.				Date of or
10. Data deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Washington, D.C.			nt in this upation	Clarita myocarditics directions three months of the Contributory Causes of Importance:
13. NAME	James	D Long		
14. BIRTHPLACE (city o		on, Engla	nd	Name of operation Dete of Was there an eulopsy? \[\int \]
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. MAIDEN NAME Leah Maycoack England Contact Country Leah Maycoack Leah				23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?, 19
				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cecles / blf M 9 Date 2414 , 1937				Manner of injury
19. UNDERTAKER	Wm. H. S Vashingtor	ardo & Co	•	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 7/14	., 1937 /	tary !	Registrar.	(Signed) Salva To Hour Hours (Address) 1.3.0.2. R. 2.0.2. L. W. D.

V. S. No. 1

7. PHYSICIANS should state Exact statement of OCCUPA-

EXACTLY.

stated

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PL

B

properly classified.

RD. Brery Rem of infor-

WITH UNFADING INK-THIS IS A PERMANENT R.

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:
Attack of epilepsy 1 week ago
Run over by street car 1 week ago
Peritonitis 3 days ago
Other contributory causes of importance:
Gastroenteritis 1 year

M	very Item of infor-	IANS should state	ment of OCCUPA.	/
NG DN	IENT RECORD. B	TLY. PHYSICI	fied. Exact states	
FOR BINDI	S IS A PERMAN	stated EXAC	properly classif	certificate.
MARGIN RESERVED FOR BINDING	ADING INK-THE	ed. AGE should be	is, so that it may be	tructions on back of
MARC	PLAMLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every Teem of infor-	hould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	very important. See instructions on back of certificate.
3	PLA	plnod	OF D	very

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Mese-resident occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? ______vrs.____mos.__ Length of residence in city or town where death occurred 2. FULL NAME If U. S. Veteran, specify WAR, (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 5, SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of CERTIFY, That I attended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) If LESS than to have occurred on the date stated above, at _ & 7. AGE Deys Months The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence 1 dey, ____hrs. ormin. Date of onset 3. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc ... 9.4 Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month end occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: 16. BIRTHPLACE (city or town) (State or country Where did Injury occur? (Specify city or lown, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL CAUSE 24. Was disease or Injury In eny way releted to occupation of deceesed? 19. UNDERTAKER (Address) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- li	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car .	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
			Tr.s.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7937
1. PLACE OF DEATH	(3)
County Grine George	Registration Dist. No. 235
Village or City Bulvd, Hats Mid.	No. 4416 Townsend ave st. Ward
CH	death occurred in a hospital or institution, give its NAME instead of street and number)
$\mathcal{L}_{\mathcal{L}}$	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME HENRY. J. Don	nece
(a) Residence: No. 44/6 Tourney (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH July 2 9 193 7 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Wynona Donnell	22. I HEREBY CERTIFY, That I attanded deceased from June 13, 19,77, to June 25, 19,57
6. DATE OF BERTH (month, day, and year) June 12, 1885	I last saw h sus alive on July 127 1927; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
48 5 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, Much. Gug. 9. Industry or business In which work was done, as SILK MILL.	Chronic Brights Disease: 1935
DI SAW MILL BANK etc	
11. Total tima (years) spent in this yaar) yaar) 12. Total tima (years) spent in this occupation	
12. BIRTHPLACE (city or town) - Main	Other Contributory Canses of Importance:
(State or country)	
13. NAME Celfongo. Donnell	
13. NAME CELLONG. LONNELL 14. BIRTHPLACE (city or twin)	Nama of operation 7 000
(State of country)	What test confirmed diagnosis? living elegano and Was there an autopsy? 70
15. MAIDEN NAME and Hamilton	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 4416 Journal we Bloom	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
Place 37 Lincoln Oate 7-3/ 1937	Manner of injuryNature of injury
19. MOERTAKER A W Chambers	24. Was disease or injury in any way related to occupation of decaased? 10
(Address) \$ 17-11 0 6 5	If so, specify
29 July 30 1937 00 / Juness	(Signed) Veo, W. Z.
Registrar.	(Address) & of Tynn with and with

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

V. S. No.

should state OCCUPA-

Jo

item

1. PLACE O County___

STATE OF MARYLAND-	CERTIFICATE OF DEATH 7938
County County Cinc	Registration Dist. No. 25 35
Village or City	NDSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
TULL NAME Harriet Stong	les
(a) Residence: No. Knowl (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)	21. DATE OF DEATH (Month) (Day) (Year)
narried, widowed, or divorced USBAND of Ir) WIFE of WIFE of WIFE OF	22. I HEREBY CERTIFY That I attended deceased from 1 1932, to July 3, 1932
E OF BIRTH (month, day, and year) 18>>	last saw here alive on July 3 , 19.3); death is said
Years Months Deys If LESS than 1 day,hrs.	were as follows.
Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	Date of onsat
Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	125793
Date deceased last worked at this occupation (month and year)	
THPLACE (city or town)	Other Contributory Causes of Importance:

2. FULL NA (a) Reside PERSO 3. SEX 5e. If married, wido HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH 7. AGE 8. Trade, profe OCCUPATION kind of J₀ SAWYER See instructions on back 9. Industry or work we SAW MI 10. Date decea this occu year) _ 12. BIRTHPLACE (c (State or cou FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation ... (State or country) Whet test confirmed diagnosis? Was there an autopsy?____. MOTHER TION is very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city of town) Accident, suicide, or homicide?______ Date of injury______ 19_ (State or country Where did injury occur?____. (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE, 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Wes disease or injury in any wey related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed). Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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ample I		Example II	
ws:		The principal cause of death and related causes of importance were as follows: Attack of evilency	Date of onset
	1921	Run over by street car	1 week ago
106 1 L 10 /	July 5,1927	Peritonitis	3 days ago
DIREAU V. S			
of importance:	Committee of the commit	Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
		1	
	WS 1 CEIVE	h and related causes Date of onset ws: 1915 1921 July 5,1927 of Importance:	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

		· ·	- 3	
	* Y.			
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	953
County Prince Seo,	Registration Dist. No. 230
Village or City Usuner date Length of residence in city or Jown Ware death occurred 3 yrs	NoSt., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME John Gagery (a) Residence: No. Australia dale (buai place of abode)	If U. S. Veteran, specify WAR Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DWORCED (now the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH 23 (Month) 23 (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. The lattended deceased from
7. AGE Years Months Days If LESS than 1 day,h	
8. Trade, profession, or particular kind of work done, as SPINNED, SWY2R, BOOKKEEPER, etc.	Gullral Renorthing Date of onset
9. Industry or business in which the second of the second	1 Wascular disease
this occupation (highth edge) spant in this occupation occupation 12. BIRTHPLACE (nty of town) (State or country)	Other Contributors Causes of importance.
13. NAME JAMES COLORED 14. BIRTUPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? E.M. Alux - Was there an au opsy? 21.
15. MAIDEN NAME HONORA O Chara	23. If death was due to external causes (VIQLENCE) fill in also the following:
[5] 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? 20 Date of injury 19
17 INFORMAT Mal Lustitite,	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (LILLINGER HOLE MUCH	Manner of injury
Superview dale Mobate, July 265	Neture of injury
19. UNDERTAKER Logge to the control of the control	24. Was disease or injury in any way related to occupation of deceased?
(Addless)	

V. S. No. 1

D. Every item of infor-PHYSICIANS should state

EXACTLY.

properly classified.

UNFADING INK-THIS IS A PERMANENT RE

AGE should be stated that it may be properly

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

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TARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of enilensu 1 week ago Run over by stret car Chronic interstitial nephritis 1921 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FUI	THER STATEMENTS	BY	PHYSICIAN
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/	of infor-	ld state	CCUPA-
}	item	shou	O Jo
/	RD. Every	IXSICIANS	statement
	RECO	Y. РН	Exact
IANGIN RESERVED FOR BINDING	RMANENT	XACTL	classified.
ron p	IS A PE	stated E	properly
77	HIS	pe	pe
ENVI	IK-T	plnods	t may
CHA	NG IN	AGE	that
IN CILL	UNFADI	upplied.	terms, so
	WITH	efully s	n plain
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	-WRITE	mation sh	CAUSEO

B.—WRITE PLAINLY,

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH - 7940
1. PLACE OF DEATH	(3)
County P. Leo.	Registration Dist. No. 243
Village or City Bacacl. Zucl	NDSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME JORISH Mancis Tile	Tollier
11 11 13 13 13 13 13	St. Ward.
(a) Residence: No. 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL PERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ly Hetcher	227 I AEREBY CERTIFY, That I attended deceased from
1. N 1 1616	mum. 31 ,1937, 10 July 7 ,1937
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h deed alive on 1957; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, at O
80 Trade, profession, or particular kind of work done, as SPINNER,	Date of other
SAWYER, BDDKKEEPER, etc.	() de de la contra de la
work was done, as SILK MILL, Autorli SAW MILL, BANK, etc.	Cocous prescurar runar man
10. Date deceased last worked at this occupation (month and spent in this	cheed 47
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Justinità Turno activi
W 13. NAME / Colect fletches	Morning My Calland
14. BIRTHPLACE (city or town) plean. Barvel	Name of operation
(State or country) . Myaryland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Charly Word.	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME (Mally)	Accident, suicide, or homicide? Date of injury19
(State or country) Therefore Curl	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Allean tillestelle (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placele Clusien Churchpate /-/0 ,1937	Nature of injury
19. UNDERTAKER MI. Iladung & Seus	24. Was disease or injury In any way related to occupation of deceased? 200
(Address) Breatly My	If so, specify to home only
20. FILED 1 1937 & Chemecule, M. Registrar.	(Signed) V. S. Nouve and M. D. (Address) Particular States
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhade	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	(DLE)
County Prince Veorge	Registration Dist. No. 23/
Village of City Andrews (1	ND. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. If of foreign birth? yrs. mos. ds
2. FULL NAME Stewery Joseph Har	erre If U. S. Veteran, specify WAR
(a) Residence: No. Janus Loviers (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE No DIVORCED (write the word) Male Marked Marked	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(as) WIFE of Mary E. Sasson	I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Qee, 27-1851	A last sew hare elive on Sand 127 19.37 deeth is sei
7. AGE Yeers Months Deys If LESS than	to heve occurred on the dete stated above at
85 6 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end/releted ceuses of Importence were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, Retired Brookkeefin SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked at this recurrentian (months and the control of t	Tell pare of orient or or states 7/1/3
9 Andustry or business in which	
work wes done, as SILK MILL, SAW MILL, BANK, etc	
V december of the contract of	Other, Contributory Causes of Importance:
12. BIRTHPLACE (city or town) London (Stete or country) Englished	an war of the work
	- of long Flandshy
13. NAME Henry Basser 14. BIRTHPLACE (city or town) London	
14. BIRTHPLACE (city or town) London (Stete or country) England	Neme of operation Dete of Dete of
	Whet test confirmed diagnosis?
P. A.	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Crucland (State or country) Encland	Where did injury occur?
17. INFORMANT MT. E. Basson (Address) Lundory md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in-HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL ROLE Creek cens: 11. Piece Stark D.C. Dete July 5, 19.3?	Menner of Injury Neture of Injury
19. UNDERTAKER H.	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED July 5 1937 Helew Stack)	(Signed) (Signed) (M. (Address) (M. (Address

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Example I	11	Example II	H 16.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 8 1907			
Other contributory causes of importance. S.	11-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

sta UP.	1. PLACE OF DEATH	noral nortal
ould	County / since Georges	Registration Dist. No.
sh of	Village or City Loeman Manon (If	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
NS NS	Langth of residence In city or town whera death occurredyrsmos.	ds. How long in U. S. If of foreign birth?yrsmosds.
YSICIANS statement	2. FULL NAME William Baldwin	Jalos fil U. S. Veteran, specify WAR.
YSI	(a) Residence: No.	St., Ward. If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
T.L.	M Single	(Month) (Day) (Year)
Siff	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That Lattended deceased from
X A clas	A-A 1 " T 10 m	July 13 1937, 10 July 13, 1937
rly ate	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days IT LESS than	last saw ham alive on the data stated above, at 11 9 m.
stated E properly certificate	7 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER PROFASERED AND SAWYER PROFASERED AND SAWYER SAWYER PROFASERED AND SAWYER SA	Wate as fullows.
d be y be k of		7
may back	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this occupation (month and this occupation (month and this occupation).	Thates fullitudes fore
s sh t it on	- I spent in this	many. There was no presociated disease. Der & R.
plied. AGE rms, so that instructions of	yaar) occupation occupation	Other Contributory Causes of Importance:
d. so uet	12. BIRTHPLACE (city or town) (State or country)	Centricula austolo
instri	13. NAME William B Gates	Carrier Sugar
t in	14. BIRTHPLACE (city or town) Washing to	Name of operation Data of
illy supplain	(State of Country)	What tast confirmed diagnosis? Cluve a. Was there an autopsy? Me
refu in tant	15. MAIDEN NAME Doris Bilkey	23. If daath was dua to axternal causas (VIOLENCE) fill in also the following:
be carefu EATH in important	[State or country]	Accidant, suicida, or homicide?
	17. INFORMANT Mrs Jeese Gates	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
should OF D	(Addrass) 552/ Monroe St. Mg., 18. BURIAL, CREMATION, OR REMOVAL	
二四 一	Place II Finisher Date July / 7 1327	Nature of injury
mation s CAUSE TION is	July) Chamber On	24 Was disease or injury in any way related to occupation of deceased?
HOH	19. UNDERTAKER W. Charles Commercial W	a so, spacify
	20. FILED Suly 15, 1937 Mrs too Severe	(Signad) Comm. D.
	Registrar.	(Address) T.J. J.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. 3.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH

1. PLACE OF DEATH	(2)
. County France George	Registration Dist. No. 239
Village or City Faure (If	No. 6/7 St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME "BRby" Ribe	m
(a) Residence: No. 617 - Ch (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH tillborn 7/7, 1937 (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1.0.0 1020	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h; death Is said
7. AGE Years Morths Days If LESS than till day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
ormin.	were as follows:
Nade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	July
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Indistry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this programme) this programme in the control of the con	14: anofemia
11. Total time (years) this occupation (month and year)	AUCUMUS OUT 6 1100
12. BIRTHPLACE (city or town) Jamel Ind	Other Contributory Causes of Importance:
111:4//-	
14. BIRTHPLACE (city or town) Muripins, ml.	
(State or country)	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME Eller Johnson 16. BIRTHPLACE (city or town) Jamel Md (State of country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?, 19, Where did injury occur?,
17. INFORMANT Della dell	(Specify city or town, eounty and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CORPHATION, OF REMOVAL Place NUMBER 1937	Manner of injury
19. UNDERTAKER Mu Settine facture (Address)	24. Was disease or injury in any way related to occupation of deceased?
20 EUR July 37 M. Pour sturies	(Signed) W. Harbarn M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritondis Blip 1935 -	3 days ago
		1 V. 8	
Other contributory causes of importance:		Other contributory causes of importance:	244
Gallstones	May 1,1923	Gastroenteritis	1 year
		1	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7944
1. PLACE OF DEATH	952
County Prince GEORGES WITHIN COMPONITION OF THE PRINCE OF	Registration Dist. No. 285 No. 10 Locust Ave St., 1st Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME JOHN //illiam GING	If U. S. Veteran, specify WAR
(a) Residence: No. /O Locus / (Usual place of abode)	St., / Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE NATE White Salf married widowed or divorced 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow & d Widow & d	21. DATE OF DEATH 5 1937 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bode Millington Ginder	22. I HEREBY CERTIFY, That I attended deceased from 15, 1937 to July 15, 1937
6. DATE OF BIRTH (month, day, and year) Aug vst 24th 1862	Hast saw have alive on Sully 15 1937; death is said
7. AGE 7 Yaars Months / Days If LESS than	to have occurred on the date stated abova, at 9. P.m.
74 10 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Arichts of SAWYER, BOOKKEEPER, atc.	Cardiac delalation 7-10-37
9 Industry or business In which work was done, as SILK MILL, 1/5 Garage Ment	
SAW MILL, BANK, etc	O. ,
12. BIRTHPLACE (city or town) MADS 1770N (State or country) Ohio	Other Contributory Causes of Importanca:
13. NAME GEORGE GINDER	AM ALL LLOON
14. BIRTHPLACE (city or town) Stony Crock Township	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? MO
	23. If death was due to axternal causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
State or country)	Whera dld injury occur?
17. INFORMANT LTOY & M. GINDER (Addrass) HYATTS VITE, Md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place I osp. Len co separe July 1, 19.3.	Nature of Injury
19. UNDERTAKER A GARRIES STURY (Address)	24. Was disease or injury in any way related to occupation of decaased?
20. FILED July 16, 1937 Mrs. 20 Sever 6Me	(Signad) Suyl. Matimer M. D. (Address) Hyalandbilla
If more blanes are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	155
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car AUG	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 1937	3 days ago
BUREAU V S		DOREAU V. S.	
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	30
County mio Senga	Registration Dist. No. 20
Village or City James Length of residence in city or town where death occurred Staffshummos	No. St., Ward St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. S. if of foraign birth? yrs. mos. ds.
2. FULL NAME Addrson Straul (a) Residence: No. 509 Somma for (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (grine tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That Lattended dacaasad from 197, to 7, 1927
7. AGE Yaars Months Days If LESS than or min.	I last saw have aliva on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last workad at this occupation (month and specific propriate of the second in this second in the second in this second in this second in the	Stillow and remaind 7/2/37
SAW MILL, BANK, etc.	
O Date daceased last workad at this occupation (month and year)	
12. BIRTHPLACE (city or town) January (State or country)	Dther Coutributory Causes of importance:
13. NAME Willand Figure Bornell.	
13. NAME Mand Lynn Sornell. 14. BIRTHPLACE (city or town) James Many (Stata or country)	Name of operation Date of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (In the lumingham) 16. BIRTHPLACE (city or town) Priblisher (State or country) 17. INFORMANT May Us Svanell (Address)	23. If daath was due to externet causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?
18. BUNIAL, CREMATION, OR REMOVAL MORE July 5 The 3	Mannar of injury
19. UNIVERTAKER Sylvalage Miles (Address) Saura Miles (Address) Saura Miles (Address) 20. FILED MILES (1899) 300 Brasheum Registrar.	24. Was disease or injury in any way ralated to occupation of deceased? If so, spacify (Signad) Safety M. D. M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
I BUREAU V			
Other contributory causes of importance:		Other contributory causes of importance:	- K
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(182)	110
County Jen in Zong.		Registration Dist. No. 2	to
Village or City Landow		NoSt.,	Wa
Length of residence in city or town where death occurred		death occurred in a hospital or institution, give its NAME instead of street	
*	,	AMLEATU. S. Veteran, specify WAR	
	ALT 11 - 571		
(a) Residence: No. (Usual place	e of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATISTICAL PART			4
OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	, 1937 (Year)
5e. If merried, widowed, or divorced HUSBAND of	1		(1021)
(or) WIFE of		22. HEREBY CERTIFY, That I atten	
0-18	1927	19 , to 1 1 1 1 1 1 1 1 1	
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days	If LESS than	to have occurred on the date stated above, at 72 00 R.m.	; death is
hand bays	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance	
1 Trude and trude and trude	ormin.	were as follows:	Date of o
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	e	Suffication	
9. Industry or business In which	-	2 looks Comiano	
SAW MILL, BANK, etc.			*
10. Date deceesed last worked et this occupetion (month and sp	time (years) ent in this	(cerpling (atia))
year) oc	upation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) The colored	LICC.	[wasidedal	
(State or country)	0.50		
13. NAME George B/far	elet		
2 14. BIRTHPLACE (city or town)		Name of operation	of
(State or country)	,	What test confirmed diagnosis? Wes there	an autopsy?
15. MAIDEN NAME Glovelly Le	wes	23. If deeth wes due to externel causes (VIOLENCE) fill in also the folio	wing:
5 16. BIRTHPLACE (city or town) Walling	glore	Accident, suicide, or homicide? dete of injury	, 19
(State or country)		Where did injury occur?(Specify city or town, county and	(Share)
17. INFORMANT Jeonge Hamil	Tap 1	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION OR REMOVAL	- meg	Menner of Injury	
Plece Dlasters burg My Dete	19 197	Nature of jojury	
of March	Sono	24. Was disease or injury in any way related to occupation of deceased	more
19. UNDERTAKER (Address) (Address)	md.	If so, specify	
1 1 1 20 m 1 0 P 112	40mm	(Signed) Louis la, Grima	٤
20. FILED MY 1. (193) 1110 1711 W	Registrar.	(Address) Cotton the Cit	lead

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

The statement of OCCUPA-

FOR BINDING EX A PERMANENT R Stated EXACTLY.

WITH UNFADING INK-THIS

AGE should be

MARGIN RESERVED

properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

WRITE PLA

RD. Every item of infor-

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Chronic interstitial nephritis ECEIVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AUG 10 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	Dial)		
County PN kes les Md	Registration Dist. No. 24 3		
Village or City Near Bowe My	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
A . //	ds. How long in U. S. if of foreign birth?		
2. FULL NAME Francis Hakes			
(a) Residence: No. Year Laurel med	St., Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE QR DIVORCED (write the word)	21. DATE OF DEATH July 22 1937		
5a. If married, widowed, or divorced	(Month) (Day) (Year)		
HUSBAND of (or) WIFE of	Viewed body offer death		
6. DATE OF BIRTH (month, day, and year) May 11, 1919	I last saw h alive on		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.		
18 2 // I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8 Trade profession or particular	Sufficetion & Burns Date of onset		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this operation (month and			
10. Date deceased last worked at this occupation (month and year)			
12. BIRTHPLACE (city or town) Mraw Laurel mul (State or country)	Other Centributory Causes of importance:		
13. NAME Henry Hoper 14. BIRTHPLACE (city or 1 wn) New Land Well (State or country)			
14. BIRTHPLACE (city or 1/wn) Methy Cattle May (State or country)	Name of operation Date of		
	What test confirmed diagnosis? Was there an aulopsy?		
E CONTRACTOR OF THE CONTRACTOR	23. If death was due to external causes (VIOLENCE) fill in also the following:		
(State or country)	Accident, suicide, or homicide? Test Obste of injury 324 - 59 37		
O.L. Yaman	(Specify city or town, county and State)		
17, INFORMANT Will gammes	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, AR REMOVAL	Manner of injury Quito wreck		
Place facel Schlange Date July 2h, 19.37	Nature of injury Gassolin Fire outs week		
The state of the s	24. Was disease or injury in afly way related to occupation of deceased? WD A		
19. UNDERTAKER (Address)	Arso, specify Cersus Was tested to occupation of the control of		
20, FILED July 23-19 37 & hay curly m	(Signed) James to Truly M.D.		
Registrar.	Address) Glever Dale MO		

V. S. No. 1

MARGIN RESERVED FOR BINDING

UNFADING INK-THIS AGE should be

stated EXACTLY. PHYSICIANS should state IS A PERMANENT RECORD. Every item of infor-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

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-WRITE PLAINLY, WITH

B

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	-
Gallstones	May 1,1923	Gastrocnteritis	1 year

yrsmos	s,ds. How long In U. S. if of foreign birth?yrsm	osds.
mel	If U.S. Veteran specify WAR	
plet live	St, Ward. If nonresident give city or town and	State
TICULARS	MEDICAL CERTIFICATE OF DEATH	
ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH 13	, 193 7 (Year)
nell	22. I HEREBY CERTIFY. Thet i attended	deceased from
1830	Vlast saw h. alive on	; death is said
If LESS than 1 day,hrs.	to have occurred on the data stated above, at 11110 f.m. The PRINCIPAL CAUSE OF DEATH and raieted causes of importance	
ormin.	were as follows:	Date of enset
work	Chronic IV TVCN all ithree yours	Jan. 1931
	from history outor	
I time (yeers) pent in this crupation	Abo Caralla Ca	
	Other Contributory Causes of Importance:	E
el		
	Name of operation Date of	
	What test confirmed diagnosis? Was there an e	utopsy?
	23. If daath was due to externel ceuses (VIOLENCE) fill in elso the following Accidant, suicide, or homicide?	, 19
enne.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ACE.
hy 14, 1037	Menner of Injury	
A Rainier M.	24. Was disease or injury in any way ralated to occupation of deceased?	M. D.
Registrar.	(Ardress) 1927 manta	05/
l, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	?

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	Example II	i i
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAproperly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

FOR BINDING

IARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

County C/2	M. 00.	es		Registration Dist. No.
	of only			
Village or City	1111	n.	(lf	No. St., death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in cit	y or town where	death occurred		ds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME		Jo Lan	100/	If U. S. Veteran, specify WAR
		1 2 22		
(a) Residence: No	(/-	(Usual place	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AN	D STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLQ	R OR RACE	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH
	18	OR DIVORCE	D (write the word)	Men 1 4 , 193
5a If marriad widowad or divo	read		myra.	(Monthy (Day) (Ye
a. If marriad, widowad, or divo HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended dacassa
(41) 11112 41				, f9, to, f9
6. DATE OF BIRTH (month, day	r, and year)			I last saw h, 19; daath
7. AGE Yaars	Months	Days	If LESS than	to have occurred on the date stated above, atm.
		_	f day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profassion, or pa	rticular			Date of
kind of work done, SAWYER, BOOKKEE	es SPINNER, PER, etc			remature:
9. Industry or business in	which			
kind of work done, SAWYER, BOOKKEE 9. Industry or business in work was done, as SAW MILL, BANK, 6 10. Date decasaed last work bis occuration (modern)	tc			
f 0. Date decaasad last wor this occupation (more		f I. Totai t	ime (years) nt in this	
year)		occ	upation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Car	-on		
(State or country)	Λ	in		
II 13. NAME Zar	el V	Thus	pn	
13. NAME 2 av	(nu)	MIX		Name of operation Data of
(State or country)	0 0	1	/	What test confirmed diagnosis? Was there an autopsy
f5. MAIDEN NAME	Ylan	dop Ox	Dences	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or to	1/2	heant	1	Accident, suicide, or homicide? Date of injury1
16. BIRTHPLACE (city or to	wn)		and	Whare did injury occur?
17. INFORMANT Add Against The Control of the Contro				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
			cean	Specify whether injury occurred in INDOSTRI, in nome, or in Poblic Place.
18. BURIAL, CREMATION, OR REMOVAL			1	Mannar of injury
Place S 200	Do chu	schole in	ely 14 195	
		11	1	Neture of injury
19. UNDERTAKER . SO a	W X	1 person	ony	24. Was disease or injury in any way related to occupation of deceased?
(Addrass)	Na	yeor,	mac	If so, specify
20, FILED July 14.	027 6	MOST W	Darwer	(Signed) Wull man man and man
// / /	//		Registrar.	(Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial neg	phritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	AUG 5 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:	h=/=1/h	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

stated EXACTLY. PHYSICIANS should state

PERMANENT REC

ARGIN RESERVED UNFADING INK—THIS

AGE should be

FOR BINDING

Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE

1. PLACE OF DEATH		920	
County Orence Leonge		Registration Dist. No. 23	0
Village or City Branchole		NoSt.,	Ward
	yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and no included. How long in U.S. if of foraign birth?yrsmos	umber) sds
200	ATT ALL ST		
(a) Residence: No. (Usual place of	abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRI OR DIVORCED MARKE	(write the word)	21. DATE OF DEATH July (Month) (Day)	193(Year)
5a. If married, widowed, or divorged HUSSAND-of (or) WIFE of		22. I HEREBY CERTIFY That I attanded d	
(or) WIFE of Thos. Re. Jone	1	, 19. 30, to July 19	19.3
6. DATE OF BIRTH (month, day, and year) whee 28th	1869	I last saw her alive on Jaly (15 , 1937	; death is sa
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, at # P. m.	
67 6 21	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	vile	Chronic Endocardet	Date of onse
9. Industry or business in which work was dona, as SILK MILL,			
9	t in this		
year) occup 12. BIRTHPLACE (city or town) Palasan la	pation	Other Contributory Causes of importance:	
(State or country)		-	
II 13. NAME J. B. Luices			
E 7/2		Name of operation	
14. BIRTHPLACE (city or town)			
	6	What test confirmed diagnosis? Was there an au	
E / Va		23. If daath was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) (Stata or country)		Accident, suicida, or homicida? Date of Injury	
17. INFORMANT This W. Jones		Where did injury occur? (Specify city or town, county and State Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA) CE.
(Address) Rescogn	11.1.1	***************************************	
18. BURIAL, CREMATION, OR REMOVAL Placa Laskington Data July	421,1037	Manner of injury Nature of injury	
19. UNDERTAKER IV SP 6 hambers	60,	24. Was disease or injury in any way related to occupation of deceased?	no
(Address) 9/8 Chereland an Pri	rerdaly D	If so, spacify	
20. FILED 114-19-19-37- Johns	mulle	(Signed) (Address) Services	M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	151.5	The state of the s	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy		1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			KECHINI	
Other contributory causes of importance:		Other contributory	cause d'Gimportance:	
Gallstones	May 1,1923	Gastroenteritis	BUREAR	1 year
			8.	

FOR BINDING

IARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7951
1. PLACE OF DEATH	(210-8)
County (TV Geo 60 MC	Registration Dist. No. 243
2/ 12	
Village or City near Taowie her	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U, S, if of foreign birth?yrs,mos,ds.
2. FULL NAME Ama Mal Las	usures
71. 19	O St. Ward.
(a) Residence: No. Assure (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Fruele White OR DIVORCED (write the word)	July 22, 193.7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22 I HEREBY CERTIFAT That I attended deglared from
	Viewed body after deals
6. DATE OF BIRTH (month, day, and year) May 21-1924	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
13 2 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	C AA +- WA
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	diffacation / Justo
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, etc.	
year)occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Near Laurel MC	
(State or country)	
13. NAME Kenry Kammers	
13. NAME Henry Laurens 14. BIRTHPLACE (city or town) - Germany	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Anna Ottes	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Howard (or)	Accident, suicide, or homicide? Accident Date of Injury July 19 3
(State or country)	Where did injury occur? Messy Bowe & not
Olass Language	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	Pallip Road
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury auto week
Place Il Mary Enceller Date July 2 3, 19 3	Nature of injury Gassolin Fire auto wreek
00 1	
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address) Ramel Mo	If so, specify way of way of the second of t
20. FILED 1 11 Q 3, 15 3 7 7 21 Quelles 100	(Signed) M. D. M. D.
Registrar.	(Address) Aller Duck hull
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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREALLY. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year.
			4

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 7952				
1. PLACE OF DEATH	210-6			
County of the teo Mill	Registration Dist. No. 243			
Village or City hear Bowie med	NoSt.,Ward			
Length of residence in city or town where death occurred.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds			
2. FULL NAME Bernard Me erman &				
41 18 0 110	Ch Word			
(a) Residence: No. Yell Actual Milk (Usual place of abode)	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH July 27 193 (Mear)			
5a. If merried, widowed, or divorced HUSBAND of	22. 1 HEREBY CERRYTT, The I attended deceased from			
(or) WIFE of	Viewed body after dealth 19			
6. DATE OF BIRTH (month, dey, end year) July 19, 1915	l last saw h alive on, 19; deeth is sei			
7. AGE Years Months Deys If LESS than	to heve occurred on the date steted ebove, atm.			
2 2 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:			
Trade, profession, or perticular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	Culto cation & Burns Date of onset			
SAWYER, BOOKKEEPER, etc.	0 1/1			
S. Industry of business in which work was done, es SILK MILL, SAW MILL, BANK, etc				
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Totel time (yeers) spent in this occupation				
12. BIRTHPLACE (city or town) Mean Laurel und	Other Coutributory Causes of importance:			
(State or country)				
14. BIRTHPLACE (city or town) lecunams	<u> </u>			
4. BIRTHPLACE (city or town) fermany (State or country)	Neme of operation			
	Whet test confirmed diagnosis? Wes there an autopsy?			
	23. If death wes due to external causes (VIOLENCE) fill in also the following:			
(State or country)	Where did injury occur? On any Highway They Bree			
John Paris	(Specify city or town/county and State) Specify whether injury occurred in INDUSTRY in HDME, or in PUBLIC PLACE.			
17. INFORMANT XVIII A QUIMEN	Public Road			
18. BURIAL, CREMATION, OR REMOXAL	Manner of Injury Outs week			
Place De Marce - Outille Date - will 24 19-4	Nature of Injury Gassoline Fire auto weeks			
19. UNDERTAKER Royal Xarah (Address)	24. Wes disease or injury in eny way related to occupation of deceased? Wo If so, specify Geran Amalla action of towns and the specific of the			
20. FILED July 28-, 19 37 - 4 7 Laucusly	(Signed) Jordies 16 / mitt			
U	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: CEIVE. Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
·			

STATE OF MARYLAND—CERTIFICATE OF DEATH

	INFADING INK-THIS IS A PERMANENT RECORD. Every item of inforpplied. AGE should be stated EXACTLY. PHYSICIANS should state	UPA-	1	. PLACE
	of	5		County
	tem of	2		Village or
	NS.	it c		Length of re
	Eve	eme	2	. FULL N
	CORD. Every i	Exact statement		(a) Resid
	S HA	act	Carataria	PERSO
	r RI Y.	Ex	3.	SEX Z. 0
D	ENT	ed.	5a.	If married, wid
IDIN	NG INK-THIS IS A PERMANENT RAGE should be stated EXACTLY.	assifi		HUSBAND of (or) WIFE of
BIN	ER.	y cl	6.	DATE OF BIRTI
R	A P	properly certificate.	7	AGE Y
FO	IS	properti		4
D	IIS be	of c	NO	8. Trade, pro kind o SAWYI
VE	TH-	ay	OCCUPATION	9. Industry o
ER	K-	t m	DOS	SAW N
RES	GE S	hat i	ŏ	this oc yaar)
Z	A A	iin terms, so that it may See instructions on back	12.	BIRTHPLACE (State or co
RG	NF.	rms	ER	13. NAME
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFAD mation should be carefully supplied.	CAUSE OF DEATH in plain terms, so that it may be ITION is very important. See instructions on back of c	FATHER	14. BIRTHPLA (State
	FULL	n pl	ER	15. MAIDEN
	LY, V	CAUSE OF DEATH in TION is very important	MOTHER	16. BIRTHPLA (Stete
	P S	EA im	17	(
	PLA	F D	17.	Address)
	rE J	E 0	18.	(Address) BURIAL, CREM
	'RIT	NO	-	riace.
No. 1	N. B.—WRITE PLAINLY, mation should be ca	CA		(Addrass)
V. S. No. 1	N. B	()	20.	FILEO JANG

1	. PLACE OF DEATH	(210-2)
	county of yew teo ma	Registration Dist. No. 243
	Village or City hear Bowce hill	No. St., Ward
	1 /0	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
1	11.01 17 0	
	2. FULL NAME Wildrell & vinge Lang	Ward
	(a) Residence: No. We an Fauth (Usual place of abode)	St.,Ward. If nonresident give city or town and State
Cascing	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (gorice the word)	21. DATE OF DEATH
-	truall White Single	(Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended decased from
	(or) WIFE of	Trewed byell, after death
6.	DATE OF BIRTH (month, day, and year) Vov 27 /917	I lest saw h alive on, 19; death is said
7.	AGE Years Months Days If LESS than	to have occurred on the date stated abova, atm.
	20 \\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
z	8. Trade, profession, or perticular kind of work done, as SPINNER,	Collegation Transmo
TIO	SAWYER, BOOKKEEPER, etc.	Juff Carrott.
CCUPATION	work was done, as SiLK MilL, SAW MilL, BANK, etc.	
220	10. Date daceased last worked at 11. Total tima (yeers)	
	this occupation (month and spant In this occupation	Other Contributory Causes of importance:
12.	BIRTHPLACE (city or town) near Laurel 400	Other Commitment Causes of Importance.
_	(State or country)	
FATHER	13. NAME Henry Lauren	
AT	14. BIRTHPLACE (city or town)	Neme of operation Dete of
_	(State or country)	What test confirmed diagnosis? Was there an autopsy?
MOTHER	15. MAIDEN NAME Anna Ollen	23. If death was due to axternal causes (VIOLENCE) (U In also the following:
TOP	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident Date of Injury July 1937
-	(Stete or country) 1000 4 CO MCC	Where did injury occur? (Specify city/or town, county and State)
17.	INFORMANT JOHN COMMENS	Specify whether lajury occurred in INDUSTRY, in HOME, or to PUBLIC PLACE.
18.	BURIAL, CHEMATION, OR REI OVAL	Manner of injury auto, wheele
	Place T. Marco Data Value 1, 19.3.	Natura of injury Garsoline Fire auto Which
19	UNDERTAKER LIGHT Marcha	24. Was disease or injury in any way related to occupation of deceased? 200
	(Addrass) Caurel Md.	If so, specify les Cy Anoral Sumy (When &
20.	FILEO July 13 19 17 . J 6 May curbs my	(Signed) James to James V
	Registrar.	(Address) Glever Dale Ma

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TOPAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

	CTATE OF MADVIAND	CEDTIFICATE OF DEATH
ate	STATE OF MARYLAND—	CERTIFICATE OF DEATH
st st	1. PLACE OF DEATH	1 210-B
onld or	County N 1200 CO VICO	Registration Dist. N
should of OCC	Village or City Year /2oure ma	No.
t o	Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME insteadds. How long in U.S. if of foreign birth?y
Every MANNS Sment	Pri late	Paramena
CD. Every	2. FULL NAME Vauline Mestrude &	Caurine's
	(a) Residence: No. Veral Name (Usual place of abode)	St., Ward. If nonresident give city
PH Bet	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF I
KECO.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Finale White Smale	(Month) (Di
ANENA CT I	5a. If married, widowed, or divorced HUSBAND of	
IAE A C Issi	(or) WIFE of	22. I HEREBY CERTYEY, Tha
e x	2/19/1	i last saw h ativa on
IS A PE stated E properly certificate	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
Stated properl	2 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of imp
stat stat pro	8. Trade, profession, or particular	Culto cature + Burn
be pe	kind of work done, as SPINNER, Houseworf	8 1/1
ould may back	9. Industry or business in which	
	work was done, as SILK MILL, SAW MILL, BANK, etc.	
	10. Date deceased last worked at this occupation (month and yaar)	
AGE that ons o	No Gal V	Other Contributory Causes of importance:
so so acti	12. BIRTHPLACE (city or town) / COW Cause Mag	
H UNFADING supplied. AGE in terms, so that		
suppl n terr ee ins	I I I I I I I I I I I I I I I I I I I	
ly su lain See	14. BtRTHPLACE (city or town) Sermany (Stata or country)	Name of operation
	# 15. MAIDEN NAME AMA Otter	What test confirmed diagnosis?
PLAINLY, WI hould be careful OF DEATH in p very important.	I	23. If death was due to external causes (VIOLENCE) fill in also Accident, suicida, or homicide?
NLY, be car ATH mport	16. BIRTHPLACE (city or town) Howard Co Mtd	Where did injury occur? Brain Highway
be be im	John Louis Land	(Specify city or Igwn, or Specify whether injury occurred in INDUSTRY, in HOME, or i
should OF DI	17. INFORMANT TO ME A CAMPAIN AND A CAMPAIN	Public Road
27 72	18. BURIAL, CREMITION, OR REMOVAL	Manner of injury Cuto week
on s SE SE	Place Day Chief Date July 26, 192	Nature of injury Gassoline Fire too
mation s CAUSE TION is	19. UNDERTAKER Plan Dousis Q	24. Was disease or injury In any way related to occupation of
EOF	(Addiess)	It so, specify Percy Divalla Wifin
	20. FILED July es 19 37. I Chancuster me	(Signed) Jashes No Frenth Y
4	Registrar.	(Address) Lylessen Dule
	If more blanks are model all as Sea Dail	N. O C D

(210-G)			
	Registration	Dist. No. 24	3
M	_ magnetication	01	111 1
Nodeath occurred in a hospital or institution	on, give its NAMI	F. instead of street and	Ward
ds How long in U.S. if of			mos ds.
0			
ansens			
St., Ward.			
	If nonresident	give city or town as	nd State
MEDICAL CE	RTIFICATE	OF DEATH	
21. DATE OF DEATH	20	77	
,	(Month)	4 4	, 193
0	(MOHOT)	(Day)	(Yaar)
22. I HEREBY	CERTILE	Y. Thay I attende	d deceased from
Viewell body	y affer	, deal	L., 19
f last saw h ativa on			; death is said
to have occurred on the date stated	ahove at	m	, , , , , , , , , , , , , , , , , , , ,
The PRINCIPAL CAUSE OF DEATH		es of importance	
were as follows:	412		Date of onsat
Suffocation	1/00	uno	
//	70.0	*	
Other Contributory Causes of import			
Other Contributory Causes of Impor	tance.		
Name of operation	<i>-</i>	Date of.	
What test confirmed diagnosis?		Was there ar	autopsy?
23. If death was due to external caus	es (VIOLENCE) (I	I in also the followi	ng:
Accident, suicida, or homicide?_	ccident	Date of injury but	223937
Where did injury occur? Enau	n Highen	as neal	Collingto
	(Specify city or	lown, county and Si	late)
Specify whether injury occurred in	INDUSTRY, IN-HO	ME, OF IN PUBLIC P	LACE.
- Marce	10000	t	
Manner of injury	will	1.0	usuel
Nature of injury Yarrolu	efre	var v	nue
24. Was disease or injury In any way	y related to occup	ation of deceased?	ho -
If so, specify Percy Div	alla a	ching los	one life
(Signed) Jaches K	Frent	7- Y	M. D.
1 00	us Du	20 1.10	
(Mudless) - 24 Mari	ma www.	e. In s	

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Example I	7. 9.35. dist	Example II		
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUNEAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDING

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage R = 1931	July 5,1927	Peritonitis	3 days ago	
ANG SILVE				
Other contributory causes of importance		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Example I		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 3110 3 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Example I	=1	Example II		
The principal cause of death and related/cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis AUG 5 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage HIRFALL V. S	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		72,1
County Pr. Sec		Registration Dist. No. 29
Village or City Length of residence in city or town wh		NoSt.,St.,St.,St.,St. If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?
2. FULL NAME MAY (a) Residence: No. P. S.	Rose Goranz	St., Ward. If nonresident give city or town and State
PERSONAL AND STATI	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX F 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH L (Month) (Day) (Yes
ia. If married, widowed, or divorced Husband of Clos	orem.	22. I HEREBY CERTIFY, That I attended deceased
5. DATE OF BIRTH (month, day, and year) 7. GE Years Months 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	1 day,hrs.	I last saw has alive on July 2, 19.3.7; death to have occurred on the data dated above, at 6:10 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of the principal of
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total tima (years) spant in this occupation	
12. BIRTHPLACE (city or town) 8. (State or country)	Lemany	Other Coutributory Causes of Importance:
13. NAME Trank 14. BIRTHPLACE (city or town) (State or country)	Remary	Nama of oparation Date of What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	n (?) Germany	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicida?
17. INFORMANT Was all (Address)	ty Gallalan	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Date July 29.19.3/	Manner of Injury
19. UNDERTAKER Jon as 3	Murrayson	24. Was disaasa or injury In any wey related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

ri e

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

Exact statement of OCCUPA-

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

IARGIN RESERVED FOR BINDING

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE	OF MAI	RYLAND—CERTIFICATE	OF	DEATH
OF DEATH	6	(22£)		010

	1. PLACE OF DEATH	(22Fe)
	County Prince Jeorges	Registration Of St. No. 245
	Village or City Breisterons.	No. Castro Ward death occurred in a hospital or institution, got its NAME instead of street and number)
		death occurred the hospital of institution, governs INAIVIE instead of street and number) Leads. How long in U.S. if of foreign birth?yrsmosds.
1	2. FULL NAME Loval Fuber	If U. S. Veteran, specify WAR
	(a) Residence: No. 5435- Kausas Cur has (Usual place of abode)	It as words is stored to the store and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) This care	21. DATE OF DEATH (Month) (Dev) (Peer)
	5a. If married, widowed, or divorced	
	(or) WIFE of Abraham C. Lauler	22. HEREBY CERTIFY, That I ettended deceased from
re.	6. DATE OF BIRTH (month, day, end yeer)	1 last saw her alive on July 124, 19.3.7 ; death is seid
ical	7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, et 25.30 Cc.m.
certificate	62 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were as follows:
o jo	8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(+ X) + + + + + + + + + + + + + + + + +
	V 9. Industry or business in which	the standard of 1/2-37
back	work wes done, es SILK MILL, SAW MILL, BANK, etc.	Of Paintay cause, Probably acity intestinal
no	O 10. Date deceased lest worked at this occupetion (month end year) occupation occupation	Thock obstructions of small intestines
ions		Other Contributory Causes of importence:
uct	12. BIRTHPLACE (city or town)	DEmented Traccost 2
instructions	™ 13. NAME	Catatorice The
See i	14. BIRTHPLAGE (city or town)	Neme of operation. Not operation. Oate of -
Š	(State or country)	Whet test confirmed diegnosis? Wes there en autopsy?
int.	15. MAIDEN NAME 15. MAIDEN NAME	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
important	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oete of injury19
mp	(State or country)	Where did injury occur?(Specify city or town, county and State)
	17. INFORMANT Lacourage (Address)	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
very	18. BURIAL, CREMATION, OR JENOVAK	Menner of injury
is	Place Olev Sholom Dans July 12, 1931	Nature of injury
TION	19. UNOERTAKER DESTRUSTED	24. Was diseese or injury In eny way releted to occupation of deceased?
L	(Address) 300/14/15 / Min D. to	If so, specify
)	20, FILEO July 12, 1937 Mrs Jac. Devers	(Signed) Toward B. Hubasleau M.O.
	Registrar.	(Address) 21012 - Kest. new Wash, De
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cereoral hemorrhage			
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RIREAL			
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AD. Every item of infor-

AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified Exact statement of OCCIPA. LY, WITH UNFADING INK-THIS IS A PERMANENT REC MARGIN RESERVED FOR BINDING properly classified. mation should be carefully supplied. CALISE OF DEATH in plain terms

N. B.-WRITE PL. V. S. No. 1

	STATE OF MAR	ILMID	OERTH TOATE	OF DEATH	
ı.	PLACE OF DEATH	2/	93-6	2	23
	County Smile Story	40		Registration Dist. No. 2	22
	Village or City 1000 1 242	7/15	No. death occurred in a hospital or instituti	St.	,
	Length of residence in city or town where death occurred				
2.	FULL NAME Claude G.	mc Ke	If U. S. Veteran, s	pecify WAR	
/	(a) Residence: No. Profit / Trys		St., Ward.	peony wan	
	(Usual place		Sty maiu.	If nonresident give city or town	and State
	PERSONAL AND STATISTICAL PARTI	CULARS	MEDICAL CE	RTIFICATE OF DEAT	Н
3. SE		RIED, WIDOWED, (D (write,tha word)	21. DATE OF DEATH	1-1	
/-	Male while ma	. //	450	(Month) (Day)	, 193
5a. I	If married widowed, or divorced HUSBAND of	10		CEDELEY THE	/
	(or) WIFE of Sana Meen as	vals -		CERTIFY, That I atter	3 10
s n	ATE OF BIRTH (month, day, and year)	cour.	I last saw h alive on	une 2 3 - 19	37 · death
7. AC	TITE OF BIRTH (MONON, day, and Jean)	If LESS than	to have occurred on the data stated	above, at 9, 45 m.	, 40411
1	68! -	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	I and related causes of Importanca	
-1	8. Trade, profession, or perticular	UlRIIII.	Mere as follows.		Date
0	kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.	ner	Chronic 14	ser ension	
OCCUPATION	9, Industry or business in which work was done, as SILK MILL.		Chronic Mi	nocarditis	
	work was done, as SILK MILL, SAW MILL, BANK, etc.		//		
ŏ	this occupation (mapticand / 4 3 spe	tima (years) ent in this upation	V	***************************************	
-	3 111 -6-	прастоп	Other Contributory Causes of impor	tance:	
12. E	BIRTHPLACE (city or town) (State or country)	11 MA			
œ	13. NAME 2ne: 18				
Ī		-			
FA	14. BIRTHPLACE (city or town) (State or country)	rd.	Name of operation		
HER	15. MAIOEN NAME Hammala M	Homes	What test confirmed diagnosis?		
-		4 rome	 23. If death was due to axternal caus Accident, suicide, or homicide? 		
8	16. BIRTHPLACE (city or town) (State or country)	nd.	Where did injury occur?	Date of Injuly	, I
	Papa Plande le	mother	Specify whether injury occurred in	(Specify city or town, county and	State)
17.1	(Address) Profest Wess. To	1	The state of the s		o sende,
18. E	BURIAL CREMATION, OR REMOVAL	1 5 54	Manner of injury		
	Place agron, Ma' Date ful	43,1937	Nature of injury		
10 1	UNDERTAKER Thickee Thos	, ,	24. Was diseese or injury In any wa	v related to occupation of deceased	, 20
19.	(Address) suffer master	ia, and	If so, specify	1.1. / 1	V
	FILED Suly 2, 1937 Ernest:	H Stange	/ (Signed) Willen	or Mybb	no
20 "					

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 Mg 3. 4. 6.			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		*	

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23)
County rise, george	Registration Dist. No. 2 4
Village or City Farmount Hats	No. 5322 Costeru Q 852 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	
2. FULL NAME Mouton, Harald	Lee If U. S. Veteran, specify WAR
(a) Residence: Np. 5322 Castern arely	est. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male negro Suarried	(Month) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of AM AMARIAN	22. HEREBY CERTIFY, That i attended deceased from
(00) HITE of Mouton, Laura Diggs	June 28 1937, 10 July 3 1937
6. DATE OF BIRTH (month, day, and yeer) Que 7, 1911	Jest saw h. in alive on July 3 , 1937; deeth is said
7. AGE Yeers Months Days If LESS then	to heve occurred on the dete stated above, of 7:55 P.m.
25 10 26 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER Released Sabore SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc.	Vuluovan Tuber - may
S Industry or business in which work wes done, es SILK MILL. & Greaterwaste	culoris 1936
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, es SILK MILL SAW MILL, BANK, etc. 10. Date decessed last worked et this occupation (month and	
this occupation (month and 28 37 spant in this 2/12	
Ma + Cales	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	0.0 80 10 1/20/20
	fullwaran franchis
4 14. BIRTHPLACE (city or town). (State or country)	Name of operation. Name of operation. Date of What test configured diagnosis? Special West there an au'opsy?
15. MAIDEN NAME WORK, Watilda 16. BIRTHPLACE (city or town) West Sake (State or country)	23. It deeth wes due to external causes (VIOLENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town)	Accident, suidide or homicide?
- Collate of Edulity)	Where did injury occure (Specify city or town, county and State)
17. INFORMANT (Address) 60 Q ST SE.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Describe Date July 8,19	Neture of injury
1 Johnson	24. Wes disease or injury in any wey related to occupation of decessed?
19. UNDERTAKER (Addiess)	If so, specify
20. FILE SINGLE 19 GJ Galu & Heart	(Signed) Je odore Tinckney M. D.
Registrar.	(Address) A TTAIN.
1) more viants are necueu, aduress State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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BUREAU V. S.	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Date of onset

Jo should PHYSICIANS Every statement RD. PERMANENT BINDING 田 certificate. THIS RESERVED jo back may should that ARGIN supplied. See carefully

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DEATH

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STATE OF MARYLA	ND-CERTIFICATE OF DEATH
1. PLACE OF DEATH County runge Levrges Village Dr City heller harm	//9 Registration Dist. Np.
Village Dr City Miller Muses	ND. (If death occurred in a horpital or institution, give its NAME instead of

street and number) Length of residence in try town where deeth occurred yrs, mos, ds. How long in U.S. If of foreign birth? yrs, mos, ds. If U. S. Veteran, specify WAR_ (a) Residence: No. Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (prite the word) (Month) 5a, If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS then Deys to have occurred on the date stated above, at ______m 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. 8. Trade, profession, or particuler OCCUPATION kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ___ 12. BIRTHPLACE (city or town) (Stete or country) FATHER 13. NAME Name of operation. 14. BIRTHPLACE (city or town) (Stele or country) Whet test confirmed diegnosis?_____ Was there an autopsy?__ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_______Date of injury_______19_____ 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVA Manner of injury Nature of injury. 24. Was diseese or injury in any way related to occupation of deceased?_ 19. UNDERTAKER (Address) f so, specify (Signed)

V. S. No. 1

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important.

-WRITE PLAINLY,

V. S. No. 1

1. PLACE OF DEATH	——— <i>44</i> e
county (Henrie Leorges Co.	Registration Dist. No. 242
Village or City Huntsville	No. Route , Boy 40 Landover Geld Ward
/ 3 (II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?
2. FULL NAME / ary / execu	
(a) Residence: No. Koute 1 for 40 Landover	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 0
T OR DIVORCED (purite the word)	July 17 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of late Joseph Monett.	22. HEREBY CERTIFY That attended deceased from
/ Val : 0 9 1 100 h	July 10, 1951 10 kuly 17, 1937
6. DATE OF BIRTH (month, day, and year) White 21, 1880	I last saw h. A. aliva on
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at 120 f.m.
5 / 2 20 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8 Trada, profession/or particular kind of work done, as SPINNER,	Locky mountain Spolled flee 7-9-37
SAWYER, BOOKKEEPER, etc.	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation further occupation for the occupation occupation for the occupation occupation further occupation for the occupation occupation for the occupation occupation for the occupation occupation occupation for the occupation occupation for the occupation occupation for the occupation occupation occupation for the occupation occupation occupation occupation for the occupation	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town) and Wrendle Co	Other Contributory Causes of Importance:
(State or country) Many law &	Lakar Bulumonia 7-16-37
13. NAME Un hnow	
13. NAME UMNOUN 14. BIRTHPLACE (city or town) Mulenoun (Stelle or country)	Name of operation Data of
(State of country)	Whet test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME WRITER 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
S (State or country)	Whare did Injury occur? (Specify city or town, county and State)
17. INFORMANT MS Slaguel force	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Laute / Roy Go Jankone Mil	
18. BURIAL, CREMATION, OR REMOVAL Place Asslusa atom 10. C Date July 17 1937	Mannar of injury
O L VT DD.	Nature of injury
19. UNDERTAKER John V. Klune & Co.	24. Was disease or injury in any way related to occupation of decaased? // 8
(Address) (90) Third Street S. W.	If so, specify
20. FILED 1957 John & Newstran.	(Signed) A West Place No Waysof
Kegistrar.	(Mouress) - 11-4-1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial neparities	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MG 10 1937	11		
Other contributory causes of importance:	11	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1. PLACE OF DEATH	<u> </u>
County Prince Seas	Registration Dist. No. 242
Village or City Walks mule K	(II death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidence in city or town whera death occurredyrs	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Baly Malos	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIVORCED (write the	DOWED, he word) 21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	3 I last saw h alive on, 19; death is said
7. AGE Years Months Days If LE	ESS than to have occurred on the data stated above, atm, Tha PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows: Oate of onest
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Still buth
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Washan Mule (Stata or country)	Left Company Company Company
13. NAME Plurand Woodse	
13. NAME 14. BIRTHPLACE (city or town). Works or country)	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?beg
15. MAIOEN NAME Marie Brown	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME COLOR STATE OF THE STATE OF	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT & Swand webs	Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL CREMATION OR REMOVAL	
Place or or or wille and Date July & &	Manner of injury Nature of Injury
19. UNDERTAKER Frank Ganth (Address) Wakley mill Road In	24. Was disease or injury In any way related to occupation of deceased?
20 FILED Saly S'7, 1937 John E. Wea	(Signed) M. D. Resistrar. (Address) August Haglit M.

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Example I The principal cause of death and related causes of importance were as follows.		1	Example II	
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	UC 10 1937	1915	Attack of epilepsy	1 week ago
Unronic interstitiat nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	REAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		1	Other contributory causes of importance:	paint on 1
Gallstones		May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 7966
1. PLACE OF DEATH	3
County France George Co	Registration Dist. No. 235
Village or City Walker neil Rolad Fe	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME - Michaels - Stelly	If U. S. Veteran, specify WAR
(a) Residence: No Bennsy MC1 MH 1	St., Ward. If nonresiden: give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Sulley 27 1937	Hastsaway Alife on 7 7 30 A MA : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, et
1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Trade protession or particular	Second of Turin Birth Date of onset
SAWYER, BDDKKEEPER, etc.	Delivered by anna
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Tylan (colored mudurle)
SAW MILL, BANK, etc	Still born breech -
this occupation (month and spent in this occupation occupation	Cause underson
12. BIRTHPLACE (city or town) Denning to C. HH	Dther Contributory Causes of importance:
(State or country) Waller will Pload -	
13. NAME John Edward Nicks	
13. NAME John Edward Miels	Name of operation Date of
(State of country) Struce Stephen	What test confirmed diagnosis? Was there an eulopsy?? A.O.
15. MAIDEN NAME Lilliam allen	23. If death was due to external causes (VIOLENCE) fill in elso the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Trance Glosse Co	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Attus Michaele (Address) Benning Roll	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of injury
Place / oresworth, Date / - 193/	Nature of injury
19. UNDERTAKER John L. Michols	24. Was disease or injury in any way related to occupation of deceased?
(Address) Bernings D. X. 84 #	If so, specify
20. FILED 6/27 , 193/ Vtros D Suffilly	(Signed) Tauf Co Van Gallo M. D.
Registrar.	(Address)

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage CEIVED	July 5,1927	Peritonitis	3 days ago
AUG 11 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	22.4,7.1,2.00		2 goar
		· · · · · · · · · · · · · · · · · · ·	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7967
1. PLACE OF DEATH	
County Prissell JEorge	Registration Dist. No.
Village or City Edsus onstone (If	No. 2 - Oleanles St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Toy Smallwood Oberhold	3.00 If U. S. Veteran, specify WAR
(a) Residence: No. Edmouston md d (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Normalia S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH Monthly (Day) (Yeer)
5a. If merriad, widowad, or divorced HUSBAND of (or) WIFE of Grace m Young Oberholtzer	22. I HEREBY CERTIFY, Thet I attended daceasad from May 17, 1932 to Price 36, 1932
6. DATE OF BIRTH (month, day, and yeer) Nov 29-1879	i last saw h son aliva on July 1251, 1937; daath is sald
7. AGE Yaars Months Deys If LESS than	to heve occurred on the dete stated above, at I P. m.
57 7 25 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
Z 8. Irade, profession, or perticular	Complication of diseases 1935
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Sindustry or business in which work was done, as SILK MILL.	Cardia Cheednes 1936
9 Industry or business in which work wes done, as SiLK Mill, SaVW MILL, BANK, etc	
SAW MILL, BANK, etc	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Masteres 1730
13. NAME Than Ilwar a berketten	
E T	N
4. BIRTHPLACE (city or town) (Stata or country)	Neme of operation Date of Date
15. MAIDEN NAME PRINCE B. Sandlewood	Whet test confirmed diagnosis? Was there en eutopsy? 23. If death was due to externel causes (VIOLENCE) fill in elso the following:
T Appropriate the second secon	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Space M. Oberlestier	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place I Taline Latine I nd Data Muly 28, 19 3	Nature of injury.
19. UNDERTAKER It. Jasche Sins (Address) If yotherselle M. d.	24. Was diseasa or Injury In any way ralated to occupation of deceased? No
20, FILED July 28 15 37 Mrs. Jas. Severe	(Signed) M.D. (Address) 6/2 hoodward Pollo, Wal, 19.C.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, rame other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AUG 5 1931	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU			- 3., .	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenterițis	1 year	
			Cated HT II	

ADDITIONAL SPACE FOR FUI	RTHER STATEMENTS	BY PHYSICIAN	
a Coloralle	1 - 1 -	1 -	1 0
10,000	1 Williams	runco	n. 665
- Company	The state of the s		9
10:41			10 TUT

Every item of infor-

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

AGE should be

mation should be carefully supplied.

STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	183
County	Registration Dist. No. 24
Village or City Questing	No. St., Wal
Length of residence In city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME James Herry Pany	Const Sent middle of the Policy of the Sent Sent Sent Sent Sent Sent Sent Sen
(a) Residence: No. Ruckeck	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED ("write the word) OR DIVORCED ("write the word)	21. DATE OF DEATH (Month) (Day) (Year) (Year)
. If married, widowed, or divorced	(morph) (bay) (leavy
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1 1	, 19, to, 19, 19
DATE OF BIRTH (month, day, and year)	I last saw h; death is se
AGE Years Months Days If LESS than	to have occurred on the date steted above, atm.
η 4 21 I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade, profession, or particular	Alowny gi scridatal. Date of one
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- while in summaine custo
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	There was no boat involved ,
	K No
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Offier Contributory Causes of Importance;
BIRTHPLACE (city or town)	IN The probably work his strongth out
(State or country)	become appointed. There was no proof
13. NAME Frank ferm "	he had been daiskings
14. BIRTHPLACE (city or town) Pa Tes.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Blank Punn	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16 PIPTUPLACE (situate town) Alexander	Accident, suicide, or homicide? Accidentate of injury 1115 419 3
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? Proceedings Charles
11 d . Paris & Day	(Specify city or town, county and State)
(Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury Province
Place a grangery Man Date July 5 1/19 7	
UNDERTAKEFLUITH PREJUNT TO	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
(Address) Hardoff Thy	If so, specify
FILED Julys, 1937 Mrs Clothen Dan	(Signed) (Signed) M. M.

V. S. No. 1

Ä

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.—Examples:

Example I	17	Example II	
The principal cause of death and related cruses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1927	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

	-CERTIFICATE OF DEATH 7969
1. PLACE OF DEATH	93-3
County Prince George	Registration Dist. No.
Village or City Cock Crest	No. Laurel RF D Route St., War
Length of residence In city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long In U.S. If of foreign birth?yrsmosd
2. FULL NAME Catherine S'. Pett	If U. S. Veteran, specify WAR
(a) Residence: No. Oak Custo (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR OLVORCED (write the word)	193
a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of Orress F. Pettye	22. 4 1 HEREBY CERTIFY, That I attended deceased from 2 1937, to 7-2 1937
DATE OF BIRTH (month, day, and year) July 6 1878	I last saw here aliva on 7 2 ,1937; death is sai
AGE Years Months Days If LESS than	- 2/4
4-0 h 1/ 1 day,h	The PRINCIPAL CAUSE OF OEATH and ralated causes of Importance
8 Trade profession or particular	were as follows Date of one Cur Myocarditis 1936
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Augusta de la 1925
9. Industry or business in which	Berbral Germa have 1932
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and yaar)	
(State or country)	Other Contributory Causes of Importance: Acute Cauchae Dilitation 7-1-3
13. NAME alexo: white	
14 DIDTIDLAGE (city of Acres)	Name of coardina
14. BIRTHPLACE (city or town) (State or country)	Nama of operation
15. MAIDEN NAME SURGES . L. Williams.	What test confirmed diagnosis? Was there an autopsy?
Junear, A. Marino	23. If daath was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) / 22	Accident, suicide, or homicide?
M T D X	Where did Injury occur? (Specify city or town, county and State)
7. INFORMANT C. T. Peftys (Addrass) Oall. Creat M. d.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Places man de guly 4, 193	Nature of injury
18.4 110	Transfer of mjarj
9. UNOERTAKER (Addrass)	24. Was disease or injury In any way related to occupation of deceased?
(monass)	If so, spacify (Signature)
20 100 CU 2- 190/ // 1 / Waller	(Signed) / C / WW M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Buy 1997	3 days ago
		REAL V. E	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—GERTIFICATE OF DEA	OF MARYLAND—GERTIFIC	ATE	OF	DEATI	-
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		1	2.3
	19	-6	UZ
-	4	-	

1. PLACE OF DEATH	23
County / Tynce, Levrges	Registration Dist. No
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Juliu Justiney	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5h. If married, widowed or divorced HUSBAND of (or) WIFE of	22. MI HEREBY CERTIFY, That I attended deceased from 20 1937 to sully 22 1937
6. DATE OF BIRTH (month, day, and year) Dec. 3 1921	I last saw had alive on May 72 - 1931; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc	acule Tuberculass
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Westward Windows (State or country)	Dther Cantributary Causes of importance:
13. NAME Momas Linkness	
13. NAME Homes Linking 14. BIRTHPLACE (city or town) A LATIVO VIA (State or country)	Name of operation Date of
15. MAIDEN NAME Malle Skinner 16. BIRTHPLACE (city or town) MSestivo of	What test confirmed diagnosis? Was there en autopsy? 23. If deeth wes due to externel causes (VIOL ENCE) fill in also the following:
[State or country]	Accident, suicide, or homicide?
17. INFORMANT of Mamao Williams (Address)	Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place Wishwood md Data July 23937	Manner of injury
19. UNDERTAKER Undrew Grunds (Address) agrees ond	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED July 2-3, 19.3.7 Grest 1 Garn	(Signed) Willeau Alt. Tullon M. D. (Address) room ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sclls goods should be called a salesman and not a clerk.

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	Example 1		Example 11	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronie interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 5 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		ll		

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car AUG 5 1937	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BUREAU V. S.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 7972
1. PLACE OF DEATH	(31)
County Gr. Des Co.	Registration Dist. No. 235
Village or City Willside	No
(If Length of residence in city or town where death occurred 23 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Jacob Schneider	
(a) Residence: No. 014-marlboro Pike	If U. S. Veteran, specify WAR
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	
mar & aret Schneider	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) march 30 1847	l last saw hame alive on 1937 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 16:45 A.m.
90 3 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Trade profession or particular	Cerebral hemorhage Date of onset
kind of work done, as SPINNER, Juck James	1427
9. Industry or business in which work was done, as SILK MILL, own farm	
kind of work done, as SPINNER, Jruek James SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1915 11. Total time (years) spent in this occupation 55	
12. BIRTHPLACE (city or town) Bog aros.	Other Contributory Causes of importance:
(State or country)	Semle astorio che Perolie 8 years
13. NAME John Schneider	Cardio vascular renal disene ago.
13. NAME Chiedu 14. BIRTHPLACE (city or town)	Name of operation Now Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Unbnown 16. BIRTHPLACE (city or town) MA records available.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Mr records available.	Accident, sulcide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT YWW. Balliara Reday (Address) PL-1 Genny Sta P.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place I ashing and C. Date July 24, 1937	Nature of injury
19. UNDERTAKER Troub Seign Some	24. Was disease or injury in any way related to occupation of deceased?
1-215 27 Plans D.4-1101	(Signed) W. Dull UlChu M.D.
20. FILED Registrar.	(Address) (Ital Benning Ha DS;

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	97
County Prince Levrge	Registration Dist. No. 242
Village or City Lawhurs ma	NoSt., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	nosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Williams H Serrin	If U. S. Veteran, specify WAR
(a) Residence: No. Gauham Mid. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July (Month) (Dev) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	(Month) (Dey) (Teer)
HUSBAND of Correct Surviva & Serrice	1 HERE/BY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) april 12 -1852	I last saw ham alive on July 3, 1937; death is sai
7. AGE Yeers Months Days if LESS then	
85 4 /2 Iday,h	rs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or perticular kind of work done, as SPINNER,	arterio- eclerosio
SAWYER, BOOKKEEPER, etc. Alleged	general 192
kind of work done, as SPINNER, Released SAWYER, BOOKKEEPER, etc Released Self-dustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Fotal time this occupation (month and	P. D.
SAW MILL, BANK, etc. 10. Date deceesed last worked at 19 years 11. Ital time (years)	- Sembly
this occupation (month and spent in this 404 occupation	4
W D e Dr	Other Cantribatory Causes of importance:
12. BIRTHPLACE (city or town) - A aleun flore black (State or country)	Bagles-enderte not 1/2/3
0 0 1/0	- apecific
13. NAME Daviel C Server	4
14. BIRTHPLACE (city or town) 10 C:	Neme of operation
(State of Country)	What test confirmed diegnosis? Was there en autopsy? M.T.
15. MAIDEN NAME Casherine Mueller 16. BIRTHPLACE (city or town) AC	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Lavid C Serrin	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Washulflow Date July \$3., 19.4	Neture of injury
19. UNDERTAKER Lasophy Soust	24. Was disease or injury in any way releted to occupation of deceased?
	If so, specify the month only
20. FILED 7- 13-, 1903 7 Mas While W. Hows	(Signed) AB MAN

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOAD. Every item of infor-ARGIN RESERVED FOR BINDING

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

properly classified.

pe

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

AGE should be

V. S. No. 1

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephralis PECEIVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
ANG JO 1931			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foraign birth? _____yrs.____mos.___ If U. S. Veteran, specify WAR, If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH (Month) 5a. If marriad, widowed, or divorced 22. Cat 6. DATE OF BIRTH (month, day, and year) If CESS than 7. AGE Months Davs RINCIPAL CAUSE OF DEATH and related couses of importance or____min. Trede, profession, or particular kind of work dona, as SPINGE CUPATION SAWYER, BOOKKEEPER, etc. back SAW MILL, BANK, etc 11. Total tima (years)
spant in this
occupation LO. Date decaased last worked at 12. BIRTHPLACE (city of fown) (State or country) FATHER 13. NAME ? 14. BIRTHPLACE (city or town)-(State or country) What test confirmed diagnosis?_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) DEATH (State or country Where did Injuly occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. plnous OF Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

RESERVED

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	Example I		Example II	
The principal cause of importance were a		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 6 1937	July 5,1927	Peritonitis	3 days ago
5	BUREAU V. S.			
Other contributory ca	iuses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
9				
2				

STATE OF MARYLAND-CERTIFICATE OF DEATH

7975

	1. PLACE OF DEATH	(30)
	County Grice Sparge	Registration Dist. No. 235
	Village or City Oxon Hill, Maylan	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1		ds. How long in U.S. If of foreign birth?yrsmosds.
	2. FULL NAME Margared Bowles O	Commission S. Veteran, specify WAR
	(a) Residence: No. Sin Academ De Hy (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 22 1937
	5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
	(or) WIFE of John W. Simus	22. I HEREBY CERTIFY, Thet I attended deceased from July 20. 1937, to July 22. 1937
e.	6. DATE OF BIRTH (month, day, and year) Gug. 27 1864	I last saw h. e. alive on Sully 26 1., 1937; death Is said
cat	7. AGE Years Months Days If LESS than	to have occurred on the dete stated ebove, at A M.
rtif	72 -10 -p 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	Trede, grofession, or particular kind of work done, as SPINNER,	Multiple traperstages Date of onset
	SAWYER, BOOKKEEPER, etc.	arthread duplinger
ac	work was done, as SILK MILL.	General firsteris clerans unlinear
	11. Total time (years) this occupation (month and spant in this	Mildaconto Jacobsonis July 9.
ons	year)occupation_	Otthe Contributory Causes of importance: Leating.
ucti	12. BIRTHPLACE (city or town) (State or country) Prince George Co. Mills	Left Osparian Cofsh unknow
nstr	13. NAME Lames Laws lace Vinums	anemia melen
	14. BIRTHPLACE (city or town)	Neme of operation Data of
Ŋ	(State or country) Fruce Leonge Co. Ms.	What test confirmed diegnosis?
nt.	15. MAIDEN NAME Rachael - Wulkupur	23. If death was due to external causes (VIOLENCE) fill in also the following:
rta	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
odı	(State or country) Maryland	Where did Injury occur?
ery important. See instructions on back of certificate.	17. INFORMANT Josephine Muldrand (Address) On a to a stra de C. W# 4	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Ve	18. BURIAL, CREMATION, OR REMOVAL	Mannay of injury
	Plece IV in Ital Md. Date July 25, 19 87	Neture of injury
IOI	19 UNDERTAKER N-9. M. C. Truire	24. Wes disease or injury in eny way related to occupation of deceased? 4.0
T	(Address)/820/9th of nw Wash DC	If so, specify
)	20. FILED 7-22 1937 Thoo & Suffich.	(Signed) Stears C. Clara Matta M.D.

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	Example I	ii	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	CELVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	ANG 11 1997	July 5,1927	Peritonitis	3 days ago
	REAU V.S.			
Other contributory &	auses of importance:	J.	Other contributory causes of importance:	
Gallstones	#164 miles	May 1,1923	Gastroenteritis	1 year
		J		

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

V. S. No. 1

item

BINDING

ARGIN RESERVED

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

1. PLACE OF DEATH	<u> </u>
County Much 190790	Registration Dist. No. 236
Village or City mitcheestill	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Not Gracued Anowa	Lev Rus. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX M 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Yest)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0	, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year)	i last saw h; death is said
7. AGE Years / Months Days If LESS than	to have occurred on the date stated above, at
Mile John Iday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
SAWTER, BOOKREEPER, etc.	Stell Jun
work was done, as SILK MILL, SAW MILL, BANK, etc.	
f 0. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or pourtry)	
13. NAME It cleans Mouden	
14. BIRTHPLACE (city or town) Mad	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) 200	23. if death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT College Anonder (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB, REMOVAL,	Manner of injury
Place Tasher promu Date dely 6, 1937	Nature of injury
19. UNDERTAKER Tasky Wellege Inaid (Addiess) Wilshoeliele m	024. Was disease or injury in any way related to occupation of deceased?
20. FILED Dely 6. 1937 Heavy Registrar.	(Signed) (Address) A tech elegable has Rom

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example	I	.	Example II	
The principal cause of death and of importance were as follows:	related causes	De de onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritas	ए७ उ विव	1921	Run over by street car	1 week ago
Cerebral hemorrhage	REAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of imp	ortance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH

7978

1. PLACE OF DEATH		(167)
County Perince	George.	Registration Dist. No. 235
Village or City Suitlan	C. A. Cif	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where d	eath occurred _ oley le_mos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Samuel	l Richard	Cofsers. S. Veteran, specify WAR
(a) Residence: No. Becurs	Wisual place of abode)	St., Ward
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Pey) (Teer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, dey, and year)	ly 2 1910	I tast saw h alive on 19 19 19 19 19 19 19 19 19 19 19 19 19
7. AGE Years Months	Days If LESS than	to heve occurred on the dete steted above, at 9
27 -	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importence were es follows:
NOTE OF The Control o	home 11. Total time (years) spant in this occupation - Life George Co. Mid	Shot quar is our of the design lose Etsunge 17/7/27 and directly our hant They Counder Shell Hemannage Diter Contibutory Causes of importences Chilepany Grand Mal) unlesson
13. NAME Cannel Dong 14. BIRTHPLACE (city or town)	las Soper	Neme of operation Dete of
14. BIRTHPLACE (city or town)	england.	Whet test confirmed diagnosis? Wes there en eu'opsy?
15. MAIDEN NAME Eva Tu 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Eva Tu (Address) Beurungs	v. Soper. ryland.	23. If deeth was due to externel causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide? S.U. C. L. Bete of injury
18. BURIAL, CREMATION, DR REMDYAL Place Cedar Hul	Date 7/10 ,1937	Manner of Injury State and words about i will make and Slighth 24 Was disease or Injury in any war related to occupation of deceased?
20. FILED July 7., 1937	o Minear Registrar.	(Signed) For Elon Galla M.D. (Address) Bernange D.C. H.H.1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis D	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis C	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AUG DELINE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

~ .		
1200	1 12 W	
	-01.	

STATE OF MARYLAND	-CERTIFICATE OF DEATH 7979
1. PLACE OF DEATH	
County Prince Teorge	Registration Dist. No. 2 34
Village or City Broad Greek	
Village of City 1350044 September 1	NoSt., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S.if of foreign birth?yrsmosds
2. FULL NAME Allamie Taylo	
(a) Residence: No. Broad Crus	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED	
Temale White Married (price tha word)	(Month) (Day) (Yasr)
5a. If married, widowed, or divorced	
HUSBAND OF OF OF TANK	22. I HEREBY CERTIFY, That I attended daceased from
1001	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Days If LESS that 1 day,	
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Berry Struck for
kind of work done, as SPINNER, Howeverle	- Chitomobile
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
	•
10. Data deceased last worked at this occupation (month and year) occupation occupation occupation	
Charle Country	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME () Eton Willett 14. BIRTHPLACE (city or town) Chas. Co.	
14. BIRTHPLACE (city or town) WC	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Tanne	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Farrie 9 16. BIRTHPLACE (city or town) Chas Cor (State or country)	Accident, suicide, or homicide? Data of injury_fisher_4, 1937_
(State or country)	Where did Injury occur? Broad 2 relike (Specify city or town, county and State)
17. INFORMANT William Jaylor	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) swad creek may	
18. BURIAL, CREMATION, OR REMOVAL Place Broad Creek mdr Date 7/4/376	Manner of injury Truck by Cultomobile
Place 12 round vier Mar Date / 4 /3 /6. 19	Nature of injury to realist of shall
19. UNDERTAKER Thomas Jr. Murray for	24 Was disease or injury in effy way related to occupation of decrased?
(Address) Washington, D.C.	If so, specify
20. FILED Quele of 1937 Mas allon Ag	(Signed) John Co. Vienery M. I
Registrar	Modern Drandysvine, Ald
If more blanks are needed, address State Regist	rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	1
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

infor-	state	UPA-	
of	pln	CC	/
item	sho) jo	
3D. Every	YSICIANS	statement	
RECO	Y. PH	Exact	
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
HIS	pe	pe	Jo.
T	pluo	may	back
INK	Sh	t it	on
DNI	AGI	so tha	ctions
UNFAL	supplied.	terms,	e instru
WITH	refully s	in plair	ant. Se
ATAILY,	d be car	DEATH	import
PL	houl	OF]	very
-WRITE	mation s	CAUSE	TION is
B.	Y	1	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1572
County Truce Georges	Registration Dist. No. 245
Village or City Decatus Helghton (If	No. 3 Buch St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William I Juse	A St U.S. Veteran specify WAR
(a) Residence: No.3 Busch	şt, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH LIGHT (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
G+11 10.20	0.0 1111 37
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I (ast saw h
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et
	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and specific profession). Spent in this specific profession was a spent in this specific profession.	Miero Esperalus, Outh
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	pressur on meaulla.
SAW MILL, BANK, etc	oflergata, parolargy
this occupation (month and spent in this year)	current d respecting centres
nd. 0t-	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
The state of the s	The state of the s
13. NAME W The Lagrangian 14. BIRTHPLACE (city or town) Washing ton	
[14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Marie Faffany 16. BIRTHPLACE (city or town) Washing for	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) 4 asking con	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Land Stroke St. Decalin Hoto M	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place P.T. Juncoln Date Market 193.	Nature of injury
19. UNDERTAKER W. W. Chamber Co. (Address) 12 Pooreland are Riverdale	24. Was disease or injury in eny wey related to occupation of deceased?
20. FILED July 14, 1937 Mrs. Jas. Squere	(Signed) May Cerne M. D. (Address) Reflected Med
If more blanks are needed, address State Registrar.	

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Chronic interstitial nephrilis 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUREAU V. S	الميا		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CTATE OF MADVI AND CEPTIFICATE OF DEATH

stated EXACTLY. PHYSICIANS should state

A PERMANENT RECORD. Every item of infor-

mation should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

AGE should be

S

WITH UNFADING INK-THIS

-WRITE PLA

V. S. No. 1

JARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	T WIAK	LAND		
County Okenice Te	eorge		Registration Dist. No. 230	
Village or City Description Length of residence in city or town where descriptions 2. FULL NAME Charles		yrsmos.	No. St., death occurred in a hospital or institution, give its NAME instead of street and nude. ds. How long In U.S. If of foreign birth? yrs. mos	
(a) Residence: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and S	itale
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE white	5. SINGLE, MARI	RIED, WIDOWED, (write the word)	21. DATE OF DEATH (Month) (Day)	193(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHFE of Pile 13.	Van los	equer	22. HEREBY CERTIFY That I ettended d	., 19. 32
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months 72 3	Days	If LESS than I day,hrs. ormin.	to have occurred on the date steted ebove, at	Date of onset
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc		Rea me (years) it in this pation	aslesso sustants	c.y.
12. BIRTHPLACE (city or town) Care es	inuati	hio	Other Contributory Causes of Importance:	12 da
13. NAME Jace M VI	ne los	good	Name of operation Date of What test confirmed diagnosis? Wes there an eu	2
15. MAIDEN NAME Marche 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. MAIDEN NAME Marche 16. BIRTHPLACE (city or town) (State or country)	Lee Mi	7	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	, 19
18. BURIAL, CREMATION, OR. REMOYAL Place Place	Date Au	G 9, 19-37	Manner of injury	
19. UNDERTAKER W. Chan (Address) 9,8 6 levely	ders &	o. Mag. M.	24. Was disease or injury in any wey related to occupation of deceesed? If so, specify (Signed)	700 M. C
20. FILED 111 8 -71937 711	NO VIN	Registrar.	(Address) Besieven	

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The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: VED	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Peritonitis AUG 3	3 days ago
		BUREAU V. S.	
Other contributory causes of importance:		Other contributory causes of importance:	-0:1/12
Gallstones	May 1,1923	Gastroenteritis	1 year

(Year)

(Day)

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

BINDING

RESERVED

ARGIN

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
AUG 6 1931				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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V. S. No.

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The principal cause of death and of importance were as follows: Arteriosclerosis	EIVED	Pate of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial neghritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	5 1937	July 5, 1927	Peritonitis	3 days ago
BURE	AU V. S.			
Other contributory causes of im-	portance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenterilis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	- MANTEAND				
County Varie	grozza	Registration Dist. No. 23	Registration Dist. No. 23		
Village or City Muish	ath occurred yrs	No. St., (Il death occurred in a hospital or institution, give its NAME instead of street and a mos. ds. How long in U.S. if of foreign birth? yrs. mo	Ward		
2. FULL NAME Quine	Woodh	If U. S. Veteran, specify WAR			
(a) Residence: No.	. (Usual place of abode)	St., Ward. If nonresident give city or town and			
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH		
3. SEX 2 4. COLOR OR RACE While	5. SINGLE, MARRIED, WIDOWEI OR DIVORCED (write the word	7 - 9	, 193. 7 (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from 19.37, to 7.7, 19.37			
6. DATE OF BIRTH (month, day, and year)	uknow	I last saw had alive on 2 - 7 , 1977			
7. AGE Years Months	Days If LESS the 1 day,min,	to have occurred on the date stated above, at 8 3 0 Pm.			
8. Trade, profession, or particular kind of work done, as SPINNER,	c f	Smility	Date of onset		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		Parlinoalrous	1730		
10. Date deceased last worked at this occupation (month and year)	11. Total time (yaars) spent in this occupation				
12. BIRTHPLACE (city or town)	4 [Other Cautributary Causes of importance:			
(State or country)	(1)	apoplery	7-7-27		
14. BIRTHPLACE (city or town)	C ?	Name of operation Data of What test confirmed diagnosis? Was there an a	0		
15. MAIDEN NAME	4.4	23. If death was due to external causes (VIOL ENCE) fill in also the following			
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)		Accidant, suicida, or homicide?			
17, INFORMANT(Addrass)	7	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	IĆE.		
18. BURIAL, CREMATION, OR REMOVAL	Date, 19_	Manner of Injury			
19. UNDERTAKER AND LANGE (Address)	12 8t. mul	24. Was disease or injury in any way related to occupation of dacaased 24.			
20. FILED, 19 Way	nt millioner Registra	(Signed) /3 / Language	M. D.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
91.	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
- Company	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: May 1,1923 Gastroentcritis